

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/927,436 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

6/28/04 420 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
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29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39			2		2	
40			2		2	
41			2		2	
42			2		2	
43			2		2	
44			2		2	
45			2		2	
46			2		2	
47			2		2	
48			2		2	
49			2		2	
50						
TOTAL IND.	5		2		2	
TOTAL DEP.	33		23		25	
TOTAL CLAIMS	38		25		27	

  

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS